

**Kansas Academy of Nutrition and Dietetics**

**2017-2018 Nutrition Education Grant Application Form**

KSAND Member Name:

Academy Member ID#:

Home Address:

Phone Number:

Email:

Project Date and Time:

Project Location:

Project Provider (company, association, individual):

Estimated # of participants:

Project Idea (Please be as detailed as possible with supporting material if available):

**Please send to Angie Lanigan:** **AwardsChair@eatrightks.org**

**Email subject: Nutrition Education Grant Application**

**KANSAS ACADEMY OF NUTRITION AND DIETETICS**

**CHECK REQUEST FORM**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Payable To:**  |  | **Amount of Check:** | $ |
| **Mail Check to:**  |  |
| **FEIN/SS#** |  |
| The FEIN/SS# must match “Payable to” individual or company | **In Payment of:** | Education Grant Program |

**Requested By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions**

Complete the check request form.

If your district association is to be reimbursed, please provide the tax ID number.

If you are personally getting reimbursed, you must provide your social security number OR a EIN number and the name of the business.

Send Check Request form to Director@eatrighks.org

If you are providing your personal social security number on this form, you can mail to:

Kansas Academy of Nutrition and Dietetics, Inc.

271 S. Canyon Dr.

Olathe, KS 66061